								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001													
								Contract of the contract of th					
		CLAIMS AS	(Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			20					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			basic fei	370.00	OR	Basic Fee	740.00	
TOTAL CHARGEABLE CLAIMS			20_ minus 20=		• _			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			3- minus 3 =					X42=		OR	X84=		
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+140=		OR	+280=		
* H	the difference	in column 1 is	less than zero, enter "0" in column 2			column 2	ı	TOTAL	 	OR	TOTAL	2V0	
	CLAIMS AS AMENDED - PART II										OTHER		
. (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		High NUM PREVI PAID	BER CUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 18,	Minus	** 0	20	9		X\$ 9=		OR	X\$18=		
ME	Independent	• 4	Minus	deb	2	- /		X42=		OR	X84≤	200.00	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=		
18 12 /16							Ł	YOTAL		OR	TOTAL		
	10/25/05							VDOIT. FEE	L	,	ADDIT. FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)	1 -						
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.5	euniM	-2	-0	•		XS 9=		OR	X\$18=		
	Independent	1.3	Minus	*** Z	F (2) A 114	-	١ſ	X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+140=		OR	+280=		
****								TOTAL		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)												-	
		CLAIMS		HIGH	TEST		1 6		ADDI-	1		ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMENT		PREV	BER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total		Minus			=		X\$ 9=		OR	X\$18=		
	Independent		Minus	***	F.01 A11	•	lt	X42=		OR	X84=		
	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDEN	CLAIM		ŀ	+140=			+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FFF										OR	TOTAL		
-	If the "Highest Ni.	Imber Previously P	ald For IN TH	IS SPACE	is less the	an 3, enter "3."		DOTT. FEE		OR	ADOIT, FEE		
	The "Highest Nut	nber Previously Pa	id For (Total o	r Independ	ieni) is th	e highest rambe	er fou	nd in the a	ppropriate bo	x in c	ohemn 1.		

FORM PTO-875 (Rev. 8/01)

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